MISSO			URI	QΙ	VIS	ION OF HEA	LTH - STAND	ARD CERTII	FICATE O	F DEATH			· · •	
DE	EPART	MEN	ТОІ	PU	BLIC	HEALTH AND WE	LIM — STAND	B 14 4 B1 5	LAD		14010	2 <del>032</del>	STATE FILE NU	MBER
DO NOT WRI	TE B.	AMENDED			_ R	egistration District No	Prin	nary Registration Distri	ct No. 40	Registrar's No.				
		,	, ,		νť	PLACE OF PLATE 6	C A			2. USUAL RESIDEN	ICE (Where de			
VS 300		3		M	1 [		P.4 Francoi	8			saourt (	SOUNTY S	t.France	
Rev. 4/59	'	<u> </u>	1 1		-	OK	porate limits, give TOWNS	iHIP only) Leng	th of stay in 1b	c. CITY OR				Inside Limits
145.1		AMENDED			l	TOWN C	antwell	10	Years	TOWN	Can twe			Yes 🕱 No 🗆
<u>'()79</u>				-		HOSPITAL OR	NOT in hospital, give loca		Inside Limits	d. STREET ADDRESS		if cutside, giv	•	Reside on Farm
2094	0,	DAIR			<b> </b>	INSTITUTION 50	07 N Cowlin	ng St.	Yes 🗶 No 🗌	<u> </u> 50'	7 N. C	<u>owline</u>	5	Yes □ No 🔼
3	7				-3	. NAME OF DECEASED (Type or print)	First	Middle	,	Last	4. DATE OF	Month	n Day	Year
	一 [					(rype or print)	Avah	May	•	Herod	DEATH	May	18	1964
4 /	_  [				_5	. SEX	6. COLOR OR RACE		ever Married 🍱	8. DATE OF BIRTH	1		F UNDER 1 YEAR Months   Days	Hours Min.
5 C	`				_	Female	White	Widowed	Divorced	Dec. 14.		<u>- 84  </u>		<u> </u>
6					10	during most of working	(Give kind of work done g life, even if retired)			1			12. CITIZEN OF	WHAI COUNIRY
<del></del>	- ∱				-13	Retired Sa	les Lady	Dry Gon	da Stor	e St. F	rancoi	NAME OF HIL	MD	USA
10	- FOLIO					James Hero	.a		a Haile		' ''			
8 2	SF				15	. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL		17. INFORMANT		Ad	dress	
94/01	_  <u>~</u>				(Y	es, no, or unknown) (If )	yes, give war or dates of	ser	0	Glen Wal	lace	Can	twell.	Missouri
	<u> </u>			卢	-	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY:	lin		/		1	INI ON	ERVAL BETWEEN ISET AND/DEATH
10	_ Ձ ,	. │		CUMENT		TAKI II	IMMEDIATE CAUSE (a)	1 - la a.	unto-	frau		9	"	24
11		5		SCI					(	/		<u> </u>		
1290-	-   씵	EAD	Н	00			ns, if any, DUE TO (b	o)		<u></u>				
		2				above ca	ve rise to ause (a), he under-							
13 /- (	<b>∠</b>  ˈˈˈˈ	_	$\Box$	-		lying ca	ruse last. } DUE TO (d		<del></del> -					
<u> </u>	8				δ	PART II.	OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH	H but not related to	the terminal	PART III	. If deceased there a pregnar	was female was acy in last 90 days
	<u>2</u>				CATION	Oz.	Chron Ray	gradue !	era po	rees en	,	'	☐ Yes 🔥	lo 🔲 Unknowr
	量				E E	19. WAS AUTOPSY	20a. ACCIDENT SUICID	E HOMICIDE /2	Ob. DESCRIBE HOV	W INJURY OCCURRED	. (Enter nature	of injury in P	ART I or PART II	of item 18.)
	2				CERT	PERFORMED? YES □ NO		<u> </u>	•					
Z	AMENDMENTS				Ν	20c TIME OF Hour	Month, Day, Year							
* B					MEDI	p.m.								
BLACK INK OR RITER RIBBON	1			1		20d. INJURY OCCURRED WHILE AT WORK I NOT WHILE AT W	D 20e. PLACE	OF INJURY (e.g., in catory, street, office b		of. CITY, TOWN, OR	LOCATION		COUNTY	STATE
-		ا د	1			NOT WHILE AT W	ORK 🗆	Web. 6	<del> </del>	1061			- 1-1	/
LAC TER		<b>X</b> EX				21. I attended the dece	eased from	6:0	10		l last saw <u>him</u>		37/	64
<b>₩</b> ₹		3				Death occurred at-		6:2	U Am on the	e date stated above, a	nd to the best	of my knowle	edge, from the ca	uses stated.
USE BLAC OR TYPEWRITER		SHOOLD		P		22a. SIGNATURE	(Deg	ree or title)	X	22b. ADDRESS	000 60	~ V/1	<u></u>	22c. DATE SIGNED
≽		<i>ኤ</i>		ΛΙΤ			( wae	4 - 10	7)			. , , , ,	-0	3-18-64
		<del>.</del>	$\vdash \vdash$	AFFIDA	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		EMETERY OR CRÉ/		3d. LØCATION			(State)
		2		AFF		Burial . FUNERAL DIRECTOR	5/20/1964	St.Fra	ncois M	ENERS SHOULD	ark.S	Fran	CO18,	Mo
		<u> </u>		8Y /		.Z.Boyer &		oge, Mo	200	1. F. 1960	4 80	ot los	1 Red	I will
		- I	1 1		ı <u> </u>		- SON DOUT	3	Embalmer's Statem	neat on Reverse Side)	<del>-                                    </del>	~ GNY/L	1 X C	10

and a second and a second and an area of the second and a second and a second and a second and a second and a

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed B. 1. Boye
Signature of Student Embalmer	
	Licensed Embalmer No.
	P. O. Address Clarge Mc
Note: The above MUST BE SIGNED BY THE LICENS	SED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.